

08-31-01

A



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Title of Invention

Methods and Compositions for Tissue
Augmentation

Named Inventor(s)

Wallace K. Dyer

Attorney Docket

04118-0104 (43076-250892)

Express Mail Label No.

EL602999793US



APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract 4. <input type="checkbox"/> Drawings		ACCOMPANYING APPLICATION PARTS Total Pages 27 Total Sheets Total Pages 27
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies 8. <input type="checkbox"/> Assignment: a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) b. <input type="checkbox"/> Assignment is of record in parent application No. _____ 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney by assignee 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other: _____
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____		
17. CORRESPONDENCE ADDRESS: <p>Mary Anthony Merchant, Ph.D. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530</p> <p>By: _____ Date: August 30, 2001 Reg. No. 39,771 Telephone: 404-815-6500 Facsimile: 404-815-6555</p>		

FEE TRANSMITTAL

Attorney Docket No. 04118-0104 (43076-250892)

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Wallace K. Dyer**
Filing Date: **Concurrently herewith**
Title: **Methods and Compositions for Tissue Augmentation**

The filing fee is calculated as shown below:

1. FILING FEE:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input checked="" type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
	SUBTOTAL (1)	\$355		\$

2. CLAIMS:

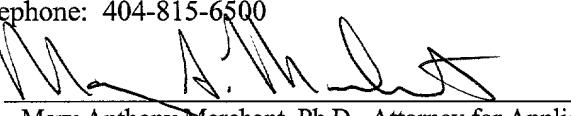
FOR:	SMALL ENTITY		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEES
TOTAL CLAIMS	19 - 20 =	0	x 9 =	x 18 =
INDEP. CLAIMS	2 - 3 =	0	x 40 =	x 80 =
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		+135 =		+270 =
	SUBTOTAL (2)		\$0	\$

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
	SUBTOTAL (3)		\$	\$

TOTAL FILING FEES: \$355.00A check is enclosed for the total amount: **\$355.00** Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

KILPATRICK STOCKTON LLP
1100 Peachtree Street
Suite 2800
Atlanta, Georgia 30309-4530
Telephone: 404-815-6500

By: 
Mary Anthony Merchant, Ph.D., Attorney for Applicant
Reg. No. 39,771

Date: August 30, 2001